

CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

VOLUME 9, NUMBER 3

AUGUST 15, 1951

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President
San Francisco

DR. JAMES F. RINEHART, Vice President
San Francisco

DR. ELMER BELT
Los Angeles

DR. HARRY E. HENDERSON
Santa Barbara

DR. SANFORD M. MOOSE
San Francisco

DR. ERROL R. KING
Riverside

DR. SAMUEL J. McCLENDON
San Diego

DR. WILTON L. HALVERSON,
Executive Officer
San Francisco

ANN WILSON HAYNES, Editor
ALTON E. WILSON, Associate Editor

X-raying A Rural California County — The San Benito Survey

WALDO R. OECHSLI, M.D., Roentgenologist, Bureau of Tuberculosis Control, State Department of Public Health; ROSWELL L. HULL, M.D., San Benito County Health Officer; and MARIAN LEACH, M.P.H., Assistant Health Education Consultant, State Department of Public Health

A recent study of the epidemiology of tuberculosis in this Country by Roemer^{(1)*} indicates that the death rate from tuberculosis is declining at a perceptibly slower rate in rural communities than in the urban population. The phenomenon is ascribed to the more active case-finding and treatment program carried out in cities, emphasizing the need for improving the tuberculosis control program in rural areas.

The intensive or "fast-tempo" X-ray survey is usually thought of as a case-finding method directed rather exclusively toward large metropolitan centers and best adapted for use among concentrated population groups. In California, community-wide X-ray surveys have been done in San Diego, Los Angeles and Contra Costa Counties. However, this type of survey has also been used successfully in rural areas in various parts of the Country and in this State. The most recent experience in California was in the San Benito County in May and June, 1951.

Previous Rural Surveys in California

Eighteen months ago, the California Department of Public Health, in cooperation with the California Tuberculosis and Health Association and local official and nonofficial agencies, surveyed Imperial County,⁽²⁾ X-rayed 69 percent of the population 15 years of age or over. Fifty-seven persons (0.17 percent) were hospitalized for pulmonary tuberculosis as a result of this survey. Within the past year, there have also been two other such surveys, in Ventura and Orange Counties. The Ventura County Health Department, using one local unit and two loaned by the Public Health Service, X-rayed 59 percent of the eligible population (12 years

or over) of the City of Oxnard.⁽³⁾ The Orange County Health Department, using a state unit and concentrating on San Clemente, Dana Point, Capistrano Beach and San Juan Capistrano in the southern part of the county, took 46 percent of the eligible population (15 years or over).⁽⁴⁾ In each of these surveys, every effort was made to share the planning and the work with volunteers.

It is generally acknowledged that a very large measure of the success in getting people into the units for X-raying is attributable to the enthusiasm of these community volunteers. On the other hand, many surveys in smaller or rural areas are not as highly organized and depend more largely on publicity, with a variable and usually small degree of community participation and little or no house-to-house canvassing. The criticism most often heard regarding the more casual type of surveys is that it apparently appeals to and attracts those who are "health conscious" and who are least apt to have tuberculosis. The very groups that we most desire to X-ray appear to be the ones that resist the more casual appeals of the agency conducting the survey, and even the annual repetition of this type of survey may not reach the bulk of the group that constitutes the community's reservoir of infection.

Former Surveys in San Benito

Previous to the survey just concluded, the San Benito County Health Department had conducted four annual surveys of one week each. There was intensive use of publicity in the newspapers and through local organizations, but there was no house-to-house canvassing and only a minimal use of hostesses. These surveys succeeded in X-raying from 1,800 to 2,700 people, aver-

* Bibliographical references are on page 20.



aging a little over 20 percent of the eligible population. An average of 12 persons per thousand X-rayed had miniature film findings suggesting tuberculosis. After follow-up of these four surveys, it was found that about five in every thousand X-rayed had a final diagnosis of pulmonary tuberculosis, of which about one-third were hospitalized for active disease.

An Expanded Program

The county health officer felt it should be possible to improve these results and was interested in attempting an expanded X-ray survey program this year. In line with this thinking volunteers were used more extensively than in the past. They took responsibility for locating the X-ray units, publicizing the program, canvassing the residents and working at the units as hostesses. Through joint planning, the work of one committee reinforced the efforts of the others. As a result, 5,543 people were X-rayed in San Benito County, as compared with half that number or less in previous surveys. This report describes some of the activities and methods used to achieve that result.

In preliminary conference with the State Department of Public Health in February, 1951, the feasibility of a program based on a community organization approach was discussed. To sample the degree of interest within the community in such a program, the proposal was presented at a meeting of the local Rotary Club. Several members indicated their desire to take part in the development of the community participation aspects. The local tuberculosis and health association board members also wished to increase the number of persons X-rayed in the county and to afford residents an opportunity to learn more about the disease.

A Broader Survey Is Planned

By March the groundwork had been laid for the next steps in development of the survey. Consultant services in the medical, nursing and health education fields were made available to the county health department from the State Department of Public Health throughout the planning and operational phases of the survey. Local resources were augmented by the State Department of Public Health through the assignment of two health educators who worked as staff members of the local department from mid-April through early June, by the services of a roentgenologist in reading the X-ray films, and by the assignment of mobile X-ray equipment and technicians.

An informed public was the basis on which the entire program depended. The objectives of the program were to reach each citizen of the county with news of the survey, inform them about tuberculosis, and to motivate people to have a chest X-ray.

In mid-April a luncheon meeting was held. Representatives of some of the more active groups within the county were invited to learn first hand about the opportunity to engage in this type of a health program. Everyone agreed that the survey should go ahead.

A planning meeting was set for the following week to which these same individuals were invited. At this meeting the group voted to designate itself as the "San Benito County X-ray Survey Committee." The president of the Tuberculosis and Health Association was elected chairman and the following committees were set up: Locations, Canvassing, Publicity, Hostess and Clerks. Officers of the Tuberculosis Association offered their annual dinner meeting as an appropriate and timely occasion to inform the membership of the case-finding program and to launch the campaign to obtain volunteer workers for the survey.

Medical Society Endorses Plan

At a special meeting held at the county hospital, medical and nursing personnel in the county had an opportunity to learn some of the newer trends in the care and treatment of tuberculosis patients. Since the majority of those coming to the units for their X-rays would be patients of the practicing physicians in the county, opportunity was given to the physicians to effectively interpret the program to their patients. At the same time, the health department would have the benefit of the advice and experience of a larger number of medically trained persons, sharing with the health department the responsibility for the health of the community. The plans for the survey were, therefore, presented to the medical society. The practicing physicians were interested in the program. The San Benito County Medical Society devoted an entire meeting to a discussion of the survey method by a guest tuberculosis specialist. The survey was formally approved and endorsed by the society.

The Schools Help

A special school committee was developed. Letters were developed to be sent to teachers explaining the survey. Quiz questions were prepared and given to each teacher. There were special film showings, followed by class discussions. A "Speaker's Bureau" was developed within the public speaking class of the junior college. Arrangements were made through the county publicity committee for these young people to speak before various organizations. These youngsters developed their own talks from professionally prepared material.

Publicity

Publicity for the survey took many forms. There was continuous newspaper coverage of all aspects of

the survey. Special articles were written, meetings were reported, and editorials appeared to support the program. The local theaters showed films on tuberculosis, special slides were prepared for use in the theaters announcing locations and times of X-raying, spot announcements were used during intermissions. The local Spanish theater showed a film in Spanish on the importance of tuberculosis control. English and Spanish language posters were used throughout the area. Speakers appeared at nearly all of the lodges and clubs to inform the membership about the program.

The Canvassing Committee

The schedule of operation included, in addition to Hollister and San Juan Bautista, seven small outlying communities. All are located in the northern third of the county. This area was selected because 95 percent of the population is concentrated there, and earlier surveys showed a higher prevalence of tuberculosis in the northern section. The southern two-thirds of the county is mountainous ranch country and sparsely populated. Without a generator on the X-ray unit it was not possible to survey this area.

The canvassing committee, which employed the largest group of volunteer workers, not only covered the survey area just prior to the time the X-ray units operated in the county but did recanvassing toward the end of the X-ray period as a reminder to residents who might have postponed their visits to the units. Business houses as well as residences were visited by these canvassers. Members of the committee made personal contact with 85 percent of the homes in the entire survey area, urging everyone 15 years of age and over to have an X-ray. Labor camps were contacted and ranchers were encouraged to bring in their workers for their X-rays.

Results Doubled Previous Years

As a culmination of all these activities and plans, the two mobile units, manned by technicians, clerks, and hostesses, X-rayed 5,543 persons during the two weeks, May 21st to June 2d. This is more than double the highest number X-rayed in any of the previous surveys in the county and represents 54 percent of the total eligible population in the area surveyed.

Out of the 5,543 persons X-rayed, there were 129 whose miniature films suggested pulmonary tuberculosis, or 23 for every 1,000 persons X-rayed. This is practically double the percentage of those with suspicious films in the four previous surveys. The miniature film findings in 16 of these individuals suggested the need for urgent follow-up. These persons were visited immediately by a public health nurse who arranged for early examination. Ten persons, or one for every 554 persons X-rayed, have already been hospital-

ized, within less than two months after the close of the survey, a higher percentage already than the final results in earlier surveys.

In addition to tuberculosis, other conditions suspected include one person with possible Hodgkin's Disease, two possible coccidioidomycosis, four "coin" lesions (which requires study to differentiate between tuberculosis and early cancer) and five probable silicosis. Full results of the survey in medical cases must await complete follow-up and final diagnosis.

Although final evaluation of the medical benefits, growing directly out of the survey, must be made later, it seems evident that the results are better, percentage-wise, than in the four preceding surveys. The films of this intensive-type survey and of the last three of the casual-type surveys held in the county were read by the same person; therefore, the findings should be comparable. The discovery of twice the percentage of suspected tuberculosis in the intensive survey tends to confirm our conviction that in the casual-type survey, where the interest and enthusiasm of the community are not as completely mobilized, the individuals most in need of the services of the survey are not attracted to the X-ray units.

Benefits Noted

Beyond the medical benefits of the survey, there have been other important results that became apparent during the program. High in this list is the revival of the Health Council, which recently held its first meeting in over a year. This has resulted from an increased awareness of the health problems of the community and a determination to assume an active role in the promotion of the measures which the community can and should undertake in close coordination with the local health department, the medical profession and the tuberculosis association.

The way is thus prepared for further cooperative achievement in the field of public health. The Health Council is forming a special study committee to evaluate the recently completed community program, and to plan toward a better survey program next year. The Health Council and the local health department are thinking in terms of a multiphasic survey program, which probably would be generally popular and acceptable.

The public health nurses report considerable improvement in attitudes in the course of their follow-up activities. There is less of a feeling of "stigma" attached to the suspicion or diagnosis of tuberculosis. There is more willingness and eagerness to follow through to a final diagnosis and to accept recommended treatment. There has been better reporting by the practicing physicians and better cooperation by the hospitals. Finally, these favorable results have given the

health department a tremendous boost in morale, in learning where the potentialities of the community lie and in seeing concrete evidence of awakened community interest in public health problems.

Honest evaluation of the survey, however, must admit the existence of shortcomings. The short time available for organization and publicity, a calculated risk which everyone recognized and accepted, worked against a more complete success in numbers X-rayed. More time would also have permitted adequate in-service training of the health department personnel, in order that everyone might more thoroughly understand the part to be played by himself and others. Not all of the organizations in the county were contacted or drawn into service.

Despite these factors which are on the negative side, the public, the organizations working in the survey and the official and nonofficial agencies consider the survey a success both in the number of cases of tuberculosis discovered and in the tangible and intangible benefits that result from community action in such community problems as tuberculosis.

References

- (1) Roemer, M. I.; Tuberculosis and its control in rural areas. *Public Health Reports*, 64:1269-1278, Oct. 7, 1949.
- (2) Oechsli, W. R.; Kroeger, C. R.; Cohn, H.; and Adames, A. A.; Intensive X-ray Survey for Tuberculosis in a Rural County. Results in Imperial County. *California Med.*, to be published soon.
- (3) Gallison, F. E.; Personal Communication.
- (4) Russell, E. L.; Personal Communication.

Relationship of Parenteral Injections to Poliomyelitis

The following statement has been issued by Dr. Wilton L. Halverson, State Director of Public Health, in regard to the relationship of parenteral injections to poliomyelitis.

"Recent reports in the professional literature and in the lay press have focused attention on the relationship of parenteral injections to poliomyelitis. The California State Department of Public Health is in receipt of numerous requests for information on this subject.

"Recent studies indicate that if an individual acquires clinical poliomyelitis within one month after receiving a parenteral injection, there is an increased likelihood of paralysis in the extremity into which the injection is given. Under any circumstances, and in any epidemic, the number of cases so affected is relatively small.

"As of this date, the California State Department of Public Health does not recommend interruptions of immunization programs. It is the considered opinion of the department and its advisors that in periods of usual incidence of poliomyelitis (in terms of a median for the last five years) the known value of immunization outweighs the possible risk of paralysis in a relatively few individuals as a result of injections.

"Because of the size of the State and the variability of local conditions no state-wide recommendations are applicable to every local situation. Where a local epidemic is thought to exist, the calculated risks from parenteral injections must be assessed, and it may be advisable to defer immunization as well as elective procedures.

"The staff of the State Department of Public Health will be happy to assist in these assessments on request from the local health officers."

Three California Communities Act to Fluoridate Their Water

Santa Cruz is the third city in California to decide to fluoridate its public water supply. First action was taken last spring by Rio Vista (Solano County) and was followed more recently by Pleasanton (Alameda County). Numerous other California communities are currently considering similar action.

The California State Dental Association through its local associations has taken the leadership in stimulating local action, working with medical societies, local health departments and organized lay groups.

Experience of eastern communities which had added fluorides to water supplies and in areas where they occur naturally in the water has shown that from 50 to 65 percent of dental decay can be prevented if children drink water which contains very small amounts of this protective agent. Resistance to dental decay is built up by fluorides while the teeth are forming, before birth and up to 10 years of age. This protection is then retained for life.

Fluorides are not therapeutic agents (as they were erroneously labeled in an earlier issue of *California's Health*) because they are effective only in prevention and not in curing dental decay. Therefore, the addition of fluorides to a public water supply is not medication as is sometimes claimed. Rather it is strictly a preventive public health measure.

Lab Specimens for P. H. S. Attention to Be Referred by State Lab

The State Division of Laboratories has been notified that effective August 1st, the Communicable Disease Center of the U. S. P. H. S. will accept no laboratory specimens for diagnostic examinations directly from private laboratories, private physicians or local public health laboratories. Such specimens will be accepted only if referred through the State Health Department laboratories. All specimens for special diagnostic procedures that cannot be handled on a local basis should be referred to the State Division of Laboratories. If the test cannot be conducted in the State Laboratory, such specimens will be referred to the Communicable Disease Center laboratories. This procedure has been adopted by the Public Health Service as a result of the development of the excessive demands upon their limited laboratory facilities and following extensive negotiations with State Laboratory directors.

During the past fiscal year the Public Health Service granted more than \$900,000 to the states and to interstate agencies for studies related to the prevention and control of water pollution caused by industrial wastes. California was allotted \$28,400.

Public Health Legislation in California, 1951

The 1951 Session of the California State Legislature is now history. The session ended June 23d and final action on signing of bills was completed by Governor Warren July 28th.

The past session was the first to be held under a new amendment to the State Constitution which limits the sessions to 120 calendar days. It was characterized by a log jam of legislation in the final two weeks, particularly since the State Constitution also stipulates that action cannot be taken on special appropriation bills until after passage of the budget, which came about two weeks prior to June 23d. The pressure of work was reflected in night and weekend sessions. An economy trend was evident throughout the session.

Before adjourning, the Assembly established an Interim Committee on Public Health, the membership of which is identical with the membership of the Assembly Standing Committee on Public Health of which Assemblyman Arthur H. Connolly, Jr., of San Francisco is chairman. Other members of the committee are as follows:

H. Allen Smith, Glendale, Vice Chairman.
 Clayton A. Dills, Gardena.
 William S. Grant, Long Beach.
 Glenard P. Lipscomb, Los Angeles.
 William B. Rumford, Berkeley.
 Stanford C. Shaw, Ontario.

This committee is appointed for the biennium and until the next general session of the Legislature in January, 1953.

Before the Legislature this year were a number of bills relating to public health. Those described below have all been approved by Governor Warren. The bills marked by an asterisk were sponsored by the State Department of Public Health.

Vital Statistics

A. B. 1035,* 1037,* 1038*—Revision of Vital Statistics Law. These bills represent the first general revision of the vital statistics laws. In general, they clarify provisions which have been indefinite and condense the law into fewer words. The law now more clearly defines the appointment of local registrars, making the health officer (of every public health jurisdiction approved for state subsidy) the local registrar of his jurisdiction for vital statistics purposes. The amendments provide mechanics whereby duplicate files of vital statistic documents in local areas may be eliminated on a permissive basis, provide for a regrouping of the data on birth and death certificates, clarify certain technical points in regard to the registration of marriages, and many other points in this field.

Local Health Administration

A. B. 1036*—State Aid to Local Health Administration. When the State Public Health Assistance Bill was adopted in 1947, making state funds available to local health jurisdictions for the development and expansion of public health services, the act specified that county health departments must serve all cities of less than 50,000 in their respective jurisdictions to be eligible for funds after a specific date. A. B. 1036 eliminates this termination date, although the law retains the concept of "provisional approval" for such counties.

Clinical Laboratories

A. B. 1541*—Revision of Clinical Laboratory Acts. Major amendments to the clinical laboratory acts bring the legislation in line with present practice and enlarge the scope of the jurisdiction of the department in this field. The amendments provide for the registration of clinical laboratory trainees, for approval of laboratory training schools and approval of laboratories for apprenticeship training. The bill also strengthens the enforcement provisions in this field and is the result of several years of study by persons in the laboratory profession.

Frozen Food Lockers

A. B. 1669—Inspection and Licensing. This bill provides for the inspection and licensing of frozen food locker plants by the State Department of Public Health. This is primarily a sanitation measure giving the state department authority to enforce certain standards of sanitation in such units.

Commitment of Mental Patients

A. B. 2039. This bill defines responsibilities of local health officers in committing persons believed to be mentally ill to mental institutions. The bill relieves the health officer of civil or criminal liability for this action providing there is reasonable cause for believing that such action will be in the best interests of the person involved.

Egg Processing Plants

A. B. 2456—Inspection and Licensing. This bill provides for the inspection and licensing of egg processing plants by the State Department of Public Health and is primarily a sanitation measure.

Nonprofit Hospitals

A. B. 2459—Procurement by Eminent Domain. This bill extends the right of procurement of property by eminent domain to nonprofit hospitals. Under the act the State Department of Public Health must investigate and approve the necessity for eminent domain proceedings before they may be activated by a nonprofit hospital.

Fluoridation

A. B. 3183—Fluorine in Bottled Water. This bill gives specific authority to water bottling companies to market water to which fluorine or fluorine compounds have been added. The Legislature failed to pass a broader bill which would have given specific authorization for the adding of fluorine or fluorine compounds to all public water supplies, although such authorization is not thought to be necessarily a prerequisite to such a procedure.

Embalming

S. B. 974—Transfer of Authority. This bill relieves the local health officer from the responsibility of giving authority for the embalming of a body dead from an unknown cause and gives this responsibility to the coroner who has certain other responsibilities related thereto.

State Program for the Blind

S. B. 1575—Coordinating Board. This bill provides for a coordinating board on state programs for the blind, the membership of such board to consist of the Director of Education, the Director of Social Welfare and the Director of Public Health. This board will establish policies for coordination of various state programs for the adult blind.

Use of Animals in Research

S. B. 1671—State Board Receives Authority to Regulate. This bill provides for the regulation of the use of animals in diagnostic procedures. The State Department of Public Health is authorized under this act to inspect and approve any facility where animals are maintained for use in the diagnosis and treatment of human and animal diseases and for research. The State Board of Public Health is given authority to promulgate rules and regulations for the maintenance of animals in such facilities and fees are provided for the enforcement of the act.

* Sponsored by the State Department of Public Health.

Hospital Construction

A. C. A. 58—Appropriation of State Funds to Nonprofit Hospitals. The Legislature adopted this proposed constitutional amendment which, if adopted by the people at the general election of November 1952, would make state funds appropriated for hospital construction available to nonprofit hospitals. While federal funds for hospital construction are now available to public and private institutions alike, under constitutional restriction California state funds appropriated for this same purpose can be made available only to public institutions. If this constitutional amendment is adopted by the people, state and federal funds will similarly be available to both public and private institutions.

Other Bills

Bills which failed to receive favored action upon included proposed legislation for research on the public health aspects of air pollution, air pollution in a workshop, advisory committee on air pollution, air pollution control by water pollution districts, control of the use of fluoroscopes for fitting shoes in shoe stores, establishment of an Agriculture Labor Resources Board, bills relative to the establishment of rehabilitation centers, institutions for alcoholics, registration and licensing of physical therapists, and bills relative to a chronic disease program.

Health Education Exam, San Diego

The City of San Diego announces an examination for the position of Public Health Educator, to be given as applicants are available. Minimum education and experience include a master's degree in public health with a major in health education (from a university of recognized standing), and one year of experience as a health educator or in equivalent work. Salary range for this position is \$360 to \$438 a month, plus \$50 a month flat mileage allowance. The first two step increases are allowable at six-month intervals, the last two at yearly intervals. Applicants should write to Dr. J. B. Askew, Director of Public Health for San Diego City-County Health Department, Civic Center Building, San Diego 1.

Tulare County Announces Positions

Tulare County Health Department announces three vacancies. Two are for Public Health Nurses to be employed in a generalized county health program. The other vacancy is for a Public Health Laboratory Technician.

Applicants for the nursing position must have a California Public Health Nursing Certificate. Salary range is \$266-\$322. Salary range for the Public Health Laboratory Technician position is \$297-\$371.

For further information write to Dr. G. Wayne Powell, Health Officer, Tulare County Department of Public Health, P. O. Box 110, Visalia, California.

Doctor Halverson Heads Team for Latin American Survey

Dr. Wilton L. Halverson, California State Director of Public Health, has been granted a six months leave of absence by Governor Warren, effective August 15th, to head a team of experts which will conduct a survey of the health program of the Institute of Inter-American Affairs in Latin America. Dr. Malcolm H. Merrill, Deputy Director, is the Acting Director during Dr. Halverson's absence.

The request for Dr. Halverson's services came from the Institute of Inter-American Affairs and the U. S. Public Health Service. The P. H. S. has the responsibility for technical aspects of the survey and is recruiting professional and technical personnel to carry it out.

The institute is a cooperative organization formed to assist in the development of the Latin American countries in the fields of agriculture, education and health. During eight years of operation it has expended approximately \$50,000,000 for these purposes. At the start of the program the United States paid a large share of the cost, but the proportion has gradually been reduced so that now more than 80 percent of the funds expended are provided by the various Latin American countries.

Health Officer Changes

Mr. Calvin L. Mellor has been appointed health officer for the City of Lakeport, Lake County. Mr. Fritz G. Hiebert was formerly health officer for Lakeport.

Mr. Walter Bakmas was recently named health officer for the City of Orland, Glenn County. He succeeds Mr. Ben Kranig.

Cerebral Palsy Grant

For the continuance of specialized training in the field of cerebral palsy, Alpha Chi Omega, national women's fraternity, has granted \$10,000 to the National Society for Crippled Children and Adults.

The grant is available to specially selected physicians, therapists and educators during the next two years for advanced study in the care and treatment of cerebral palsied children.

Scholarship winners have been selected from 36 states, and since the beginning of the project 54 physicians, therapists and educators have received special training as a result of the Alpha Chi Omega grants. Candidates are chosen by a committee made up of members of the national society executive committee and a representative of the fraternity.

O. C. D. Medical and Health Service Announces Personnel Status

The Division of Medical and Health Services of the California State Office of Civil Defense is progressing steadily in the development of a permanent staff and in putting its program into operation. In recent weeks many of the staff loaned temporarily for O. C. D. assignment by the State Department of Public Health have been released to their regular jobs with the recruitment of personnel for the civil defense positions.

Frank L. Cole, M.D., Brigadier General, U.S.A. (retired), was appointed Chief of the Division of Medical and Health Services, Office of Civil Defense, on July 19th. Robert Dyer, M.D., who had served as acting chief of the division since January, was relieved on July 1st to return to his regular position as Chief, Division of Preventive Medical Services, State Department of Public Health. In the interim Mr. Arve Dahl, Chief of the O. C. D. Division's Sanitation Section, served as acting chief. Mr. Dahl, in turn, had previously joined the division's permanent staff following his resignation as Chief of Bureau of Vector Control, State Department of Public Health.

Dr. Cole was formerly Commanding General of Letterman General Hospital. His headquarters will be in the San Francisco office of the Division of Medical and Health Services.

Frank V. Jones, Jr., previously on loan from the Bureau of Records and Statistics, has joined the permanent civil defense staff as Deputy Chief for Administration.

W. Dalton Davis, M.D., Rear Admiral, U.S.N. (retired), joined the staff of the division during June as Assistant Chief, Medical Services Branch, to assume responsibility for planning of emergency medical services and hospitalization.

Mr. Bohn C. Lindemann, Hospital Consultant, was formerly employed by the Bureau of Hospitals and joined the staff on a permanent basis the first of June.

Byron J. Peters, M.D., Colonel, U.S.A. (retired), joined the Office of Civil Defense staff on August 1st as Medical Officer to aid in field consultation on emergency medical services.

Dr. James Culver and Dr. Floyd Hartmann, loaned to O. C. D. by the Division of Laboratories, will continue to work with the Division of Medical and Health Services in a consultant capacity on matters of blood and blood derivatives and supplies.

In addition to Dr. Dyer, the following personnel of the department who were serving on a loan basis within the Division of Medical and Health Services, have also been relieved to return to their normal duties.

Dr. Philip Condit, Assistant Chief, Bureau of Venereal Disease Control

Dr. Lester Breslow, Chief, Bureau of Chronic Disease Services
Dr. John Dement, Assistant Chief, Division of Local Health Services
Dr. Arthur C. Hollister, Jr., Chief, Bureau of Acute Communicable Diseases
Miss Norma Whiteside, Nursing Consultant, Bureau of Public Health Nursing
Miss Helen Kienzle, Nursing Consultant, Bureau of Public Health Nursing
Gordon Cumming, Chief, Bureau of Hospitals

Several vacancies still exist in the staff of the Division of Medical and Health Services and these include:

Assistant Chief—Public Health Services Branch (to be filled with a medical officer)
Assistant Chief—Supply Services
Senior Industrial Hygiene Engineer

The headquarters offices of the division were moved on June 28th and 29th from 2180 Milvia Street, Berkeley, to Room 839, Phelan Building, 760 Market Street, San Francisco.

U. C. School of Public Health Reaccredited by APHA

The University of California School of Public Health has been reaccredited by the executive board of the American Public Health Association to give the master of public health and doctor of public health degrees during the academic year 1951-52.

Notification to this effect has been received by Dr. Charles E. Smith, dean of the school. This approval is granted periodically and is dependent upon the continuation of high academic standards.

Sheboygan Reduces Tooth Decay Rates

The City of Sheboygan (Wisconsin) is an outstanding example of what a community can do in the prevention of dental caries. Following 4½ years of water fluoridation in Sheboygan dental decay rates for the deciduous teeth at kindergarten age have been reduced 46 percent and decay rates for the permanent teeth at the fourth grade level have been reduced 31 percent. Before fluoridation was started at Sheboygan, 20 percent of the kindergarten children were caries attack free. After 4½ years of water fluoridation, 43 percent of the kindergarten children are caries attack free. Each year since fluoridation was started the dental decay rates have diminished. It will take another eight years before the full benefits of water fluoridation can be shown in the permanent teeth, and then a two-thirds reduction will have been achieved.—F. A. Bull, D.D.S., M.S.P.H., Director, Division of Dental Education, Wisconsin State Board of Health. In bimonthly bulletin of the Wisconsin State Board of Health.

More fatal traffic accidents occur between the hours of 5 and 8 p.m. than during any other time of the day.

Richard F. Peters Named Chief of Bureau of Vector Control

Richard F. Peters, Senior Vector Control Specialist, Bureau of Vector Control, has been appointed Chief of the bureau to succeed Arve H. Dahl. Mr. Dahl is now serving as Assistant Chief of the Division of Medical and Health Services, Office of Civil Defense and for several months prior to transfer had been on loan from the department to O. C. D.

Mr. Peters, who received his degree in entomology under the late Professor W. B. Hermans, who has been called the "father of California Mosquito Control," at the University of California, brings to his new position many years of experience in vector control work in California. He was first employed by the State in 1938 and assigned to the Solano County Health Department as sanitarian. In 1939 he was assigned to the Monterey County Health Department until 1941, when he joined the staff of the Bureau of Sanitary Engineering as mosquito control specialist.

In June, 1942, he was commissioned as a first lieutenant in the Sanitary Corps and became a member of one of the first army malaria survey units to go overseas during World War II. His tour of duty was in the South Pacific and the Philippines, during which time he reached the rank of major.

Mr. Peters returned to the Bureau of Sanitary Engineering in 1946 as mosquito control specialist and shortly afterward became part of the mosquito control section set up within the Division of Environmental Sanitation. In 1947, the mosquito control section was combined with the former Bureau of Sanitary Inspection and the present Bureau of Vector Control was formed. He has since become senior vector control specialist responsible for field investigations and control demonstrations.

Services of the bureau entail both biological and operational activities, the latter based largely on biological investigation. The bureau has established one permanent field station in Fresno, is actively engaged in a number of field surveys throughout the State, and places much program emphasis on the development and strengthening of local vector control programs.

Mr. Peters is a second generation in state service. His father, Henry C. Peters, retired as supervising inspector, Bureau of Food and Drug Inspections, in 1947, after serving 31 years with that bureau.

California Morbidity Reports Reportable Diseases—Civilian Cases

Total Cases for June and Total Cases for January Through June, 1951, 1950, 1949 and Five-year Median (1946-1950)

Reportable diseases	Current month				Cumulative			
	June				January through June			
	1951	1950	1949	5-yr. median, 1946-1950	1951	1950	1949	5-yr. median, 1946-1950
Amebiasis	42	17	32	26	266	171	179	160
Anthrax					2			
Botulism					8		3	
Brucellosis (undulant fever)	10	10	5	17	50	47	55	0
Chancroid	17	25	45	36	165	157	290	26
Chickenpox	3,451	3,013	4,266	3,258	29,547	26,220	37,340	30,24
Cholera								
Coccidioidomycosis, disseminated	3	12	8	7	34	56	47	1
Conjunctivitis, acute infectious of the newborn	1	1	1	1	5	4	6	
Dengue								
Diarrhea of the newborn	1	7	1	1	15	52	18	
Diphtheria	16	21	43	43	110	190	243	28
Encephalitis, infectious	5	7	7	7	28	37	22	2
Epilepsy	129	121	190	121	782	1,036	1,144	1,02
Food poisoning	20	21	73	63	81	964	347	
German measles	458	246	1,335	453	3,839	1,687	16,882	2,80
Gonococcal infection	1,295	1,461	2,295	2,330	8,258	9,303	11,445	13,66
Granuloma inguinale	3	1	4	4	8	13	17	1
Herpeticus, infectious	23	30	49	19	143	196	365	10
Influenza, epidemic	29	16	33	33	3,948	340	643	62
Leprosy	2	1	1	1	6	3	4	
Leptospirosis (Weil's disease)					1	4	1	
Lymphogranuloma venereum	8	8	26	14	51	65	121	11
Malaria	3		2	4	5	1	11	
Measles	8,130	2,533	4,864	4,864	61,923	12,102	39,746	39,746
Meningitis, meningoococcal	19	17	21	21	178	159	170	17
Mumps	1,541	3,155	4,770	3,155	11,700	27,398	30,374	22,83
Pertussis	311	658	410	410	1,464	4,662	1,725	2,68
Plague								
Pneumonia, primary infectious	102	124	138	138	1,342	1,154	1,064	1,16
Poliomyelitis, acute anterior	120	91	125	91	533	424	518	34
Psittacosis			1	1	2	4	7	
Rabies, animal	8	19	13	27	38	57	112	17
Rabies, human							1	
Relapsing fever								
Rheumatic fever ¹	25	40	42	61	140	286	329	377
Rocky Mountain spotted fever								
Salmonella infections ²	28	42	17	17	128	226	55	43
Shigella infections (bacillary dysentery)	40	37	46	31	224	221	159	13
Smallpox								
Streptococcal infections, resp. including scarlet fever	654	410	298	410	5,539	3,544	2,640	3,544
Syphilis	679	752	1,368	1,568	4,870	5,366	7,666	7,95
Tetanus	1	1	2	5	21	20	21	21
Trachoma	10				12	16	5	12
Trichinosis	1		2	2	9	11	10	18
Tuberculosis:								
Respiratory	671	628	944	789	4,248	4,201	4,378	4,214
Other forms	43	39	71	50	229	241	274	276
Tularemia	1	1			1	5	1	1
Typhoid fever	5	6	8	0	31	39	46	46
Typhus fever					1	2	2	18
Yellow fever								

¹ Rheumatic fever cases over age 21 are excluded, beginning January 1, 1951.

² All types of Salmonella infections now reportable. Prior to January 1, 1950, only A, B and C types were reportable, hence five-year median not entirely comparable.

printed in CALIFORNIA STATE PRINTING OFFICE

46203-D 8-31 8,28

